

EVENT DOCUMENTATION FORM 2015

Region _____

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE MDHS PREVENTION UNIT
WITHIN **10 DAYS** OF YOUR EVENT.**

EVENT: _____

DATE: _____ **TIME** _____ **LOCATION:** _____

TARGET GROUP: _____

CONTACT PERSON: _____ **PHONE:** _____

PURPOSE: _____

Brochures “Get On Board...” _____

**Brochures
“Children’s Trust Fund”** _____

Bookmarks _____

Flagging _____

Bookmarks _____

Pencils _____

Pencil Sharpeners _____

Crayons _____

**Coloring Books
(Good Touch, Bad Touch)** _____

Window Clings-autos _____

**Ribbon Magnets
(Large, for autos)** _____

Hand Sanitizers _____

Arm Bands _____

**Blue Ribbon Stickers
(200 per roll)** _____

Ink Pens _____

Maze Pens _____

Plastic Bags _____

Posters –
Child Abuse Prevention _____
Safe Sleep _____
Hot Car _____

Note Pads _____

Band-aid holders _____

This form may be faxed or mailed to MDHS. Our fax number and mailing address are listed below.

MDHS

Prevention Unit – DFCS

P.O. Box 352

Jackson, MS 39205

Phone: 601-359-4607 or 601-359-4512

FAX: 601-576-2584

These supplies are provided through the Children’s Trust Fund and the Division of Family and Children’s Services.